

## HUMAN SERVICES DEPARTMENT[441]

### Adopted and Filed

#### **Rule making related to assertive community treatment rates and brain injury waiver budget maximum**

The Human Services Department hereby amends Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 83, “Medicaid Waiver Services,” Iowa Administrative Code.

#### *Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

#### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 249A.4.

#### *Purpose and Summary*

Legislation from the 2019 Legislative Session directed the Department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid home- and community-based services (HCBS) brain injury waiver. Legislation also appropriated additional funds to adjust the per diem rates for assertive community treatment (ACT) services. These amendments implement those changes.

#### *Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 18, 2019, as **ARC 4819C**. No public comments were received. No changes from the Notice have been made.

#### *Adoption of Rule Making*

This rule making was adopted by the Council on Human Services on February 12, 2020.

#### *Fiscal Impact*

Based on June 2018 data, annualized ACT costs were estimated at \$5,794,035. The cost per unit was increased by approximately 9.32 percent to achieve the \$211,332 state share target. Based on a previously completed fiscal note, no fiscal impact is expected from eliminating the monthly budget maximum or cap for individuals eligible for the brain injury waiver. During calendar year 2018, the Iowa Medicaid Enterprise received 126 exception-to-policy (ETP) requests for brain injury waiver members to exceed the monthly cap for services, and of these, only two requests were denied. Since the ETP process is an existing practice, costs related to exceptions would already be incorporated into the base data used to set managed care organization rates.

#### *Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

#### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on April 15, 2020.

The following rule-making actions are adopted:

ITEM 1. Amend subrule **79.1(2)**, provider category of "Assertive community treatment," as follows:

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Assertive community treatment	Fee schedule	<del>\$51.08 per day for each day on which a team meeting is held.</del> <u>Fee schedule in effect 7/1/19.</u> Maximum of 5 days per week.

ITEM 2. Rescind paragraph **83.82(2)"d."**

[Filed 2/13/20, effective 4/15/20]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 3/11/20.